

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/ 585358		FILING DATE				
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4							54						
5		1		1			55						
6							56						
7							57						
8							58						
9							59						
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11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19		1		1			69						
20							70						
21							71						
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24							74						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←	21	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS			22				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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